



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
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2008 Rate Codes - Medicine

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PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
90471	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS,	\$20.79	\$20.79	10/1/2008
90472	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS,	\$10.44	\$8.51	10/1/2008
90473	IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE; ONE VACCINE (SINGLE OR	\$13.14	\$8.55	10/1/2008
90474	IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE; EACH ADDITIONAL	\$8.91	\$7.38	10/1/2008
90760	INTRAVENOUS INFUSION, HYDRATION; INITIAL, 31 MINUTES TO 1 HOUR	\$60.85	\$60.85	10/1/2008
90761	INTRAVENOUS INFUSION, HYDRATION; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITI	\$18.36	\$18.36	10/1/2008
90765	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE	\$74.26	\$74.26	10/1/2008
90766	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE	\$23.81	\$23.81	10/1/2008
90767	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE	\$38.37	\$38.37	10/1/2008
90768	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE	\$22.28	\$22.28	10/1/2008
90769	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DRUG); IN	\$159.59	\$159.59	10/1/2008
90770	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DRUG); EA	\$16.16	\$16.16	10/1/2008
90771	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DRUG); AD	\$71.52	\$71.52	10/1/2008
90772	THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); S	\$20.79	\$20.79	10/1/2008
90773	THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); I	\$18.48	\$18.48	10/1/2008
90774	THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); I	\$58.22	\$58.22	10/1/2008



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90775	THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); E	\$25.66	\$25.66	10/1/2008
90776	THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); E	BR	BR	1/1/2008
90801	PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION	\$149.97	\$128.16	10/1/2008
90802	INTERACTIVE PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION USING PLAY EQUIPMENT,	\$158.92	\$138.28	10/1/2008
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE	\$66.10	\$57.28	10/1/2008
90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR	\$73.08	\$64.26	10/1/2008
90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR	\$93.60	\$87.56	10/1/2008
90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR	\$103.37	\$94.94	10/1/2008
90808	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR	\$138.17	\$131.77	10/1/2008
90809	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR	\$147.15	\$138.72	10/1/2008
90810	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, L	\$70.22	\$62.57	10/1/2008
90811	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES,	\$80.81	\$69.55	10/1/2008
90812	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES,	\$101.72	\$92.46	10/1/2008
90813	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES,	\$111.49	\$100.23	10/1/2008
90814	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES,	\$145.50	\$137.46	10/1/2008
90815	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES,	\$154.49	\$143.23	10/1/2008



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90816	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE	\$62.14	\$62.14	10/1/2008
90817	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR	\$68.30	\$68.30	10/1/2008
90818	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR	\$92.42	\$92.42	10/1/2008
90819	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR	\$98.98	\$98.98	10/1/2008
90821	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR	\$136.99	\$136.99	10/1/2008
90822	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR	\$143.15	\$143.15	10/1/2008
90823	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, L	\$67.04	\$67.04	10/1/2008
90824	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES,	\$74.03	\$74.03	10/1/2008
90826	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES,	\$98.54	\$98.54	10/1/2008
90827	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES,	\$103.49	\$103.49	10/1/2008
90828	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES,	\$142.72	\$142.72	10/1/2008
90829	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES,	\$147.70	\$147.70	10/1/2008
90845	PSYCHOANALYSIS	\$81.79	\$79.91	10/1/2008
90846	FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT)	\$86.82	\$85.29	10/1/2008
90847	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT PRESENT)	\$108.16	\$102.43	10/1/2008
90849	MULTIPLE-FAMILY GROUP PSYCHOTHERAPY	\$32.60	\$29.54	10/1/2008
90853	GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP)	\$30.72	\$28.79	10/1/2008



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90857	INTERACTIVE GROUP PSYCHOTHERAPY	\$34.56	\$30.76	10/1/2008
90862	PHARMACOLOGIC MANAGEMENT, INCLUDING PRESCRIPTION, USE, AND REVIEW OF MEDICATION	\$53.20	\$44.76	10/1/2008
90865	NARCOSYNTHESIS FOR PSYCHIATRIC DIAGNOSTIC AND THERAPEUTIC PURPOSES (EG, SODIUM	\$150.68	\$131.93	10/1/2008
90870	ELECTROCONVULSIVE THERAPY (INCLUDES NECESSARY MONITORING)	\$140.40	\$85.32	10/1/2008
90875	INDIVIDUAL PSYCHOPHYSIOLOGICAL THERAPY INCORPORATING BIOFEEDBACK TRAINING BY	\$70.22	\$57.20	10/1/2008
90876	INDIVIDUAL PSYCHOPHYSIOLOGICAL THERAPY INCORPORATING BIOFEEDBACK TRAINING BY	\$102.55	\$89.52	10/1/2008
90882	ENVIRONMENTAL INTERVENTION FOR MEDICAL MANAGEMENT PURPOSES ON A PSYCHIATRIC	\$150.00	\$150.00	5/1/2004
90885	PSYCHIATRIC EVALUATION OF HOSPITAL RECORDS, OTHER PSYCHIATRIC REPORTS,	\$45.55	\$45.55	10/1/2008
90887	INTERPRETATION OR EXPLANATION OF RESULTS OF PSYCHIATRIC, OTHER MEDICAL	\$79.64	\$69.67	10/1/2008
90889	PREPARATION OF REPORT OF PATIENT'S PSYCHIATRIC STATUS, HISTORY, TREATMENT, OR	\$64.54	\$64.54	5/1/2004
90918	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES PER FULL MONTH; FOR PATIENTS UND	\$605.78	\$587.42	10/1/2008
90919	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES PER FULL MONTH; FOR PATIENTS	\$439.88	\$430.70	10/1/2008
90920	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES PER FULL MONTH; FOR PATIENTS	\$383.04	\$374.25	10/1/2008
90921	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES PER FULL MONTH; FOR PATIENTS	\$238.87	\$236.95	10/1/2008
90922	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES (LESS THAN FULL MONTH), PER	\$20.20	\$19.81	10/1/2008
90923	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES (LESS THAN FULL MONTH), PER	\$14.40	\$14.40	10/1/2008



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90924	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES (LESS THAN FULL MONTH), PER	\$12.44	\$12.44	10/1/2008
90925	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES (LESS THAN FULL MONTH), PER	\$8.16	\$8.16	10/1/2008
90935	HEMODIALYSIS PROCEDURE WITH SINGLE PHYSICIAN EVALUATION	\$66.38	\$66.38	10/1/2008
90937	HEMODIALYSIS PROCEDURE REQUIRING REPEATED EVALUATION(S) WITH OR WITHOUT	\$108.82	\$108.82	10/1/2008
90940	HEMODIALYSIS ACCESS FLOW STUDY TO DETERMINE BLOOD FLOW IN GRAFTS AND ARTERIOVENO	BR	BR	1/1/2001
90945	DIALYSIS PROCEDURE OTHER THAN HEMODIALYSIS (EG, PERITONEAL DIALYSIS, HEMOFILTRAT	\$69.51	\$69.51	10/1/2008
90947	DIALYSIS PROCEDURE OTHER THAN HEMODIALYSIS (EG, PERITONEAL DIALYSIS,	\$111.14	\$111.14	10/1/2008
90989	DIALYSIS TRAINING, PATIENT, INCLUDING HELPER WHERE APPLICABLE, ANY MODE,	\$500.00	\$500.00	5/1/2004
90993	DIALYSIS TRAINING, PATIENT, INCLUDING HELPER WHERE APPLICABLE, ANY MODE, COURSE	\$20.00	\$20.00	5/1/2004
90997	HEMOPERFUSION (EG, WITH ACTIVATED CHARCOAL OR RESIN)	\$87.95	\$87.95	10/1/2008
90999	UNLISTED DIALYSIS PROCEDURE, INPATIENT OR OUTPATIENT	BR	BR	10/1/1982
91000	ESOPHAGEAL INTUBATION AND COLLECTION OF WASHINGS FOR CYTOLOGY, INCLUDING PREPARA	\$73.63	\$73.63	10/1/2008
91010	ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS AND/ OR GASTROESOPHAGEAL	\$202.07	\$202.07	10/1/2008
91011	ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS AND/ OR GASTROESOPHAGEAL	\$259.27	\$259.27	10/1/2008
91012	ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS AND/ OR GASTROESOPHAGEAL	\$269.59	\$269.59	10/1/2008
91020	GASTRIC MOTILITY (MANOMETRIC) STUDIES	\$233.22	\$233.22	10/1/2008
91022	DUODENAL MOTILITY (MANOMETRIC) STUDY	\$198.42	\$198.42	10/1/2008



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91030	ESOPHAGUS, ACID PERFUSION (BERNSTEIN) TEST FOR ESOPHAGITIS	\$135.70	\$135.70	10/1/2008
91034	ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST; WITH NASAL CATHETER PH ELECTRODE(S)	\$217.14	\$217.14	10/1/2008
91035	ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST; WITH MUCOSAL ATTACHED TELEMETRY PH	\$483.90	\$483.90	10/1/2008
91037	ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST WITH NASAL CATHETER	\$160.14	\$160.14	10/1/2008
91038	ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST WITH NASAL CATHETER	\$138.83	\$138.83	10/1/2008
91040	ESOPHAGEAL BALLOON DISTENSION PROVOCATION STUDY	\$398.46	\$398.46	10/1/2008
91052	GASTRIC ANALYSIS TEST WITH INJECTION OF STIMULANT OF GASTRIC SECRETION (EG,	\$131.81	\$131.81	10/1/2008
91055	GASTRIC INTUBATION, WASHINGS, AND PREPARING SLIDES FOR CYTOLOGY (SEPARATE	\$140.72	\$140.72	10/1/2008
91065	BREATH HYDROGEN TEST (EG, FOR DETECTION OF LACTASE DEFICIENCY), FRUCTOSE	\$61.71	\$61.71	10/1/2008
91100	INTESTINAL BLEEDING TUBE, PASSAGE, POSITIONING AND MONITORING	\$134.32	\$51.31	10/1/2008
91105	GASTRIC INTUBATION, AND ASPIRATION OR LAVAGE FOR TREATMENT (EG, FOR INGESTED	\$86.34	\$17.10	10/1/2008
91110	GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (EG, CAPSULE ENDOSCOPY), ESOPHAGUS	\$951.08	\$951.08	10/1/2008
91120	RECTAL SENSATION, TONE, AND COMPLIANCE TEST (IE, RESPONSE TO GRADED BALLOON	\$417.56	\$417.56	10/1/2008
91122	ANORECTAL MANOMETRY	\$248.68	\$248.68	10/1/2008
91123	PULSED IRRIGATION OF FECAL IMPACTION	BR	BR	1/1/2002
91132	ELECTROGASTROGRAPHY, DIAGNOSTIC, TRANSCUTANEOUS;	BR	BR	1/1/2001
91133	ELECTROGASTROGRAPHY, DIAGNOSTIC, TRANSCUTANEOUS; WITH PROVOCATIVE TESTING	BR	BR	1/1/2001
91299	UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	BR	BR	10/1/1982



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92502	OTOLARYNGOLOGIC EXAMINATION UNDER GENERAL ANESTHESIA	\$92.66	\$92.66	10/1/2008
92504	BINOCULAR MICROSCOPY (SEPARATE DIAGNOSTIC PROCEDURE)	\$27.70	\$9.34	10/1/2008
92511	NASOPHARYNGOSCOPY WITH ENDOSCOPE (SEPARATE PROCEDURE)	\$153.31	\$57.67	10/1/2008
92512	NASAL FUNCTION STUDIES (EG, RHINOMANOMETRY)	\$60.49	\$26.44	10/1/2008
92516	FACIAL NERVE FUNCTION STUDIES (EG, ELECTRONEUROGRAPHY)	\$61.55	\$22.16	10/1/2008
92520	LARYNGEAL FUNCTION STUDIES (IE, AERODYNAMIC TESTING AND ACOUSTIC TESTING)	\$54.53	\$38.84	10/1/2008
92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	\$83.44	\$26.44	10/1/2008
92531	SPONTANEOUS NYSTAGMUS, INCLUDING GAZE	\$16.30	\$16.30	5/1/2004
92532	POSITIONAL NYSTAGMUS TEST	\$20.00	\$20.00	5/1/2004
92533	CALORIC VESTIBULAR TEST, EACH IRRIGATION (BINAURAL, BITHERMAL STIMULATION)	\$13.23	\$13.23	5/1/2004
92534	OPTOKINETIC NYSTAGMUS TEST	\$61.80	\$61.80	5/1/2004
92541	SPONTANEOUS NYSTAGMUS TEST, INCLUDING GAZE AND FIXATION NYSTAGMUS, WITH RECORDING	\$56.88	\$56.88	10/1/2008
92542	POSITIONAL NYSTAGMUS TEST, MINIMUM OF 4 POSITIONS, WITH RECORDING	\$59.16	\$59.16	10/1/2008
92543	CALORIC VESTIBULAR TEST, EACH IRRIGATION (BINAURAL, BITHERMAL STIMULATION)	\$27.58	\$27.58	10/1/2008
92544	OPTOKINETIC NYSTAGMUS TEST, BIDIRECTIONAL, FOVEAL OR PERIPHERAL STIMULATION,	\$47.23	\$47.23	10/1/2008
92545	OSCILLATING TRACKING TEST, WITH RECORDING	\$43.39	\$43.39	10/1/2008
92546	SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	\$83.99	\$83.99	10/1/2008
92547	USE OF VERTICAL ELECTRODES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY	\$5.65	\$5.65	10/1/2008
92548	COMPUTERIZED DYNAMIC POSTUROGRAPHY	\$98.51	\$98.51	10/1/2008
92610	EVALUATION OF ORAL AND PHARYNGEAL SWALLOWING FUNCTION	\$101.25	\$101.25	10/1/2008



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92611	MOTION FLUOROSCOPIC EVALUATION OF SWALLOWING FUNCTION BY CINE OR VIDEO RECORDING	\$105.84	\$105.84	10/1/2008
92612	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING BY CINE OR VIDEO	\$154.80	\$66.06	10/1/2008
92613	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING BY CINE OR VIDEO	\$38.80	\$38.41	10/1/2008
92614	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION, LARYNGEAL SENSORY TESTING BY CINE OR	\$139.50	\$66.06	10/1/2008
92615	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION, LARYNGEAL SENSORY TESTING BY CINE OR	\$34.13	\$34.13	10/1/2008
92616	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING AND LARYNGEAL SENSORY	\$192.77	\$97.92	10/1/2008
92617	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING AND LARYNGEAL SENSORY	\$42.68	\$42.68	10/1/2008
92700	UNLISTED OTORHINOLARYNGOLOGICAL SERVICE OR PROCEDURE	BR	BR	1/1/2003
92950	CARDIOPULMONARY RESUSCITATION (EG, IN CARDIAC ARREST)	\$283.59	\$174.57	10/1/2008
92953	TEMPORARY TRANSCUTANEOUS PACING	\$11.26	\$11.26	10/1/2008
92960	CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OF ARRHYTHMIA; EXTERNAL	\$284.49	\$130.36	10/1/2008
92961	CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OF ARRHYTHMIA; INTERNAL	\$255.58	\$255.58	10/1/2008
92970	CARDIOASSIST-METHOD OF CIRCULATORY ASSIST; INTERNAL	\$175.28	\$175.28	10/1/2008
92971	CARDIOASSIST-METHOD OF CIRCULATORY ASSIST; EXTERNAL	\$100.51	\$100.51	10/1/2008
92973	PERCUTANEOUS TRANSLUMINAL CORONARY THROMBECTOMY (LIST SEPARATELY IN ADDITION TO	\$179.95	\$179.95	10/1/2008
92974	TRANSCATHETER PLACEMENT OF RADIATION DELIVERY DEVICE FOR SUBSEQUENT CORONARY	\$164.84	\$164.84	10/1/2008
92975	THROMBOLYSIS, CORONARY; BY INTRACORONARY INFUSION, INCLUDING SELECTIVE CORONARY	\$396.02	\$396.02	10/1/2008



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92977	THROMBOLYSIS, CORONARY; BY INTRAVENOUS INFUSION	\$203.92	\$203.92	10/1/2008
92978	INTRAVASCULAR ULTRASOUND (CORONARY VESSEL OR GRAFT) DURING DIAGNOSTIC	\$278.87	\$278.87	4/1/2006
92979	INTRAVASCULAR ULTRASOUND (CORONARY VESSEL OR GRAFT) DURING DIAGNOSTIC	\$169.79	\$169.79	4/1/2006
92980	TRANSCATHETER PLACEMENT OF AN INTRACORONARY STENT(S), PERCUTANEOUS, WITH OR	\$820.96	\$820.96	10/1/2008
92981	TRANSCATHETER PLACEMENT OF AN INTRACORONARY STENT(S), PERCUTANEOUS, WITH OR	\$228.04	\$228.04	10/1/2008
92982	PERCUTANEOUS TRANSLUMINAL CORONARY BALLOON ANGIOPLASTY; SINGLE VESSEL	\$608.80	\$608.80	10/1/2008
92984	PERCUTANEOUS TRANSLUMINAL CORONARY BALLOON ANGIOPLASTY; EACH ADDITIONAL VESSEL	\$162.88	\$162.88	10/1/2008
92986	PERCUTANEOUS BALLOON VALVULOPLASTY; AORTIC VALVE	\$1,359.46	\$1,359.46	10/1/2008
92987	PERCUTANEOUS BALLOON VALVULOPLASTY; MITRAL VALVE	\$1,408.58	\$1,408.58	10/1/2008
92990	PERCUTANEOUS BALLOON VALVULOPLASTY; PULMONARY VALVE	\$1,074.46	\$1,074.46	10/1/2008
92992	ATRIAL SEPTECTOMY OR SEPTOSTOMY; TRANSVENOUS METHOD, BALLOON (EG, RASHKIND	BR	BR	1/1/1994
92993	ATRIAL SEPTECTOMY OR SEPTOSTOMY; BLADE METHOD (PARK SEPTOSTOMY) (INCLUDES	BR	BR	1/1/1994
92995	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, BY MECHANICAL OR OTHER METHOD,	\$669.69	\$669.69	10/1/2008
92996	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, BY MECHANICAL OR OTHER METHOD,	\$174.02	\$174.02	10/1/2008
92997	PERCUTANEOUS TRANSLUMINAL PULMONARY ARTERY BALLOON ANGIOPLASTY; SINGLE VESSEL	\$628.22	\$628.22	10/1/2008
92998	PERCUTANEOUS TRANSLUMINAL PULMONARY ARTERY BALLOON ANGIOPLASTY; EACH ADDITIONAL	\$316.47	\$316.47	10/1/2008



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93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; WITH INTERPRETATION AND R	\$23.07	\$23.07	10/1/2008
93005	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; TRACING ONLY, WITHOUT	\$14.51	\$14.51	10/1/2008
93010	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; INTERPRETATION AND	\$8.55	\$8.55	10/1/2008
93012	TELEPHONIC TRANSMISSION OF POST-SYMPTOM ELECTROCARDIOGRAM RHYTHM STRIP(S),	\$201.29	\$201.29	10/1/2008
93014	TELEPHONIC TRANSMISSION OF POST-SYMPTOM ELECTROCARDIOGRAM RHYTHM STRIP(S),	\$26.79	\$26.79	10/1/2008
93015	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE	\$105.25	\$105.25	10/1/2008
93016	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE	\$24.09	\$24.09	10/1/2008
93017	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE	\$65.63	\$65.63	10/1/2008
93018	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE	\$15.53	\$15.53	10/1/2008
93024	ERGONOVINE PROVOCATION TEST	\$120.55	\$120.55	10/1/2008
93025	MICROVOLT T-WAVE ALTERNANS FOR ASSESSMENT OF VENTRICULAR ARRHYTHMIAS	\$251.74	\$251.74	10/1/2008
93040	RHYTHM ECG, ONE TO THREE LEADS; WITH INTERPRETATION AND REPORT	\$13.89	\$13.89	10/1/2008
93041	RHYTHM ECG, ONE TO THREE LEADS; TRACING ONLY WITHOUT INTERPRETATION AND REPORT	\$6.12	\$6.12	10/1/2008
93042	RHYTHM ECG, ONE TO THREE LEADS; INTERPRETATION AND REPORT ONLY	\$7.77	\$7.77	10/1/2008
93224	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG	\$140.44	\$140.44	10/1/2008
93225	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG	\$43.11	\$43.11	10/1/2008
93226	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG	\$69.79	\$69.79	10/1/2008



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PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
93227	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG	\$27.58	\$27.58	10/1/2008
93230	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG	\$146.17	\$146.17	10/1/2008
93231	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG	\$46.88	\$46.88	10/1/2008
93232	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG	\$72.46	\$72.46	10/1/2008
93233	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG	\$26.79	\$26.79	10/1/2008
93235	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS COMPUTERIZED	\$128.42	\$128.42	4/1/2006
93236	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS COMPUTERIZED	\$104.54	\$104.54	4/1/2006
93237	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS COMPUTERIZED	\$23.69	\$23.69	10/1/2008
93268	PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRESYMPTOM MEMORY LOOP,	\$281.16	\$281.16	10/1/2008
93270	PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRESYMPTOM MEMORY LOOP,	\$32.01	\$32.01	10/1/2008
93271	PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRESYMPTOM MEMORY LOOP,	\$222.71	\$222.71	10/1/2008
93272	PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRESYMPTOM MEMORY LOOP,	\$26.44	\$26.44	10/1/2008
93278	SIGNAL-AVERAGED ELECTROCARDIOGRAPHY (SAECG), WITH OR WITHOUT ECG	\$48.61	\$48.61	10/1/2008
93303	TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; COMPLETE	\$223.29	\$223.29	10/1/2008
93304	TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; FOLLOW-UP OR	\$133.54	\$133.54	10/1/2008



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93307	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D) WITH	\$193.17	\$193.17	10/1/2008
93308	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D) WITH	\$114.98	\$114.98	10/1/2008
93312	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL TIME WITH IMAGE DOCUMENTATION (2D)	\$318.43	\$318.43	10/1/2008
93313	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL TIME WITH IMAGE DOCUMENTATION (2D)	\$41.66	\$41.66	10/1/2008
93314	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL TIME WITH IMAGE DOCUMENTATION (2D)	\$274.45	\$274.45	10/1/2008
93315	TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; INCLUDING	\$305.69	\$305.69	4/1/2006
93316	TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; PLACEMENT OF	\$44.37	\$44.37	10/1/2008
93317	TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; IMAGE	\$252.98	\$252.98	4/1/2006
93318	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (TEE) FOR MONITORING PURPOSES, INCLUDING	BR	BR	1/1/2001
93320	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL	\$85.40	\$85.40	10/1/2008
93321	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL	\$42.45	\$42.45	10/1/2008
93325	DOPPLER ECHOCARDIOGRAPHY COLOR FLOW VELOCITY MAPPING (LIST SEPARATELY IN	\$79.28	\$79.28	10/1/2008
93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), WITH	\$199.52	\$199.52	10/1/2008
93501	RIGHT HEART CATHETERIZATION	\$857.05	\$857.05	10/1/2008
93503	INSERTION AND PLACEMENT OF FLOW DIRECTED CATHETER (EG, SWAN-GANZ) FOR	\$107.76	\$107.76	10/1/2008
93505	ENDOMYOCARDIAL BIOPSY	\$637.99	\$637.99	10/1/2008



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93508	CATHETER PLACEMENT IN CORONARY ARTERY(S), ARTERIAL CORONARY CONDUIT(S), AND/OR V	\$1,011.10	\$1,011.10	10/1/2008
93510	LEFT HEART CATHETERIZATION, RETROGRADE, FROM THE BRACHIAL ARTERY, AXILLARY ARTER	\$1,535.05	\$1,535.05	10/1/2008
93511	LEFT HEART CATHETERIZATION, RETROGRADE, FROM THE BRACHIAL ARTERY, AXILLARY ARTER	\$1,743.31	\$1,743.31	4/1/2006
93514	LEFT HEART CATHETERIZATION BY LEFT VENTRICULAR PUNCTURE	\$1,847.36	\$1,847.36	4/1/2006
93524	COMBINED TRANSSEPTAL AND RETROGRADE LEFT HEART CATHETERIZATION	\$2,293.71	\$2,293.71	4/1/2006
93526	COMBINED RIGHT HEART CATHETERIZATION AND RETROGRADE LEFT HEART CATHETERIZATION	\$1,982.70	\$1,982.70	10/1/2008
93527	COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HEART CATHETERIZATION	\$2,312.70	\$2,312.70	4/1/2006
93528	COMBINED RIGHT HEART CATHETERIZATION WITH LEFT VENTRICULAR PUNCTURE (WITH OR WIT	\$2,409.41	\$2,409.41	4/1/2006
93529	COMBINED RIGHT HEART CATHETERIZATION AND LEFT HEART CATHETERIZATION THROUGH EXIS	\$2,172.32	\$2,172.32	4/1/2006
93530	RIGHT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMALIES	\$924.37	\$924.37	4/1/2006
93531	COMBINED RIGHT HEART CATHETERIZATION AND RETROGRADE LEFT HEART CATHETERIZATION,	\$2,418.38	\$2,418.38	4/1/2006
93532	COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HEART CATHETERIZATION	\$2,473.58	\$2,473.58	4/1/2006
93533	COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HEART CATHETERIZATION	\$2,258.45	\$2,258.45	4/1/2006
93539	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR SELECTIVE OPACIFICATION	\$64.22	\$21.38	10/1/2008
93540	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR SELECTIVE OPACIFICATION	\$183.20	\$22.91	10/1/2008
93541	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR PULMONARY ANGIOGRAPHY	\$15.53	\$15.53	10/1/2008



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93542	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR SELECTIVE RIGHT VENTRICU	\$111.92	\$15.53	10/1/2008
93543	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR SELECTIVE LEFT VENTRICUL	\$62.96	\$15.53	10/1/2008
93544	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR AORTOGRAPHY	\$46.09	\$13.57	10/1/2008
93545	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR SELECTIVE CORONARY	\$129.22	\$21.38	10/1/2008
93555	IMAGING SUPERVISION, INTERPRETATION AND REPORT FOR INJECTION PROCEDURE(S)	\$178.77	\$178.77	10/1/2008
93556	IMAGING SUPERVISION, INTERPRETATION AND REPORT FOR INJECTION PROCEDURE(S)	\$260.76	\$260.76	10/1/2008
93561	INDICATOR DILUTION STUDIES SUCH AS DYE OR THERMAL DILUTION, INCLUDING ARTERIAL	\$47.75	\$47.75	4/1/2006
93562	INDICATOR DILUTION STUDIES SUCH AS DYE OR THERMAL DILUTION, INCLUDING ARTERIAL	\$22.00	\$22.00	4/1/2006
93571	INTRAVASCULAR DOPPLER VELOCITY AND/OR PRESSURE DERIVED CORONARY FLOW RESERVE	\$277.74	\$277.74	4/1/2006
93572	INTRAVASCULAR DOPPLER VELOCITY AND/OR PRESSURE DERIVED CORONARY FLOW RESERVE	\$165.39	\$165.39	4/1/2006
93580	PERCUTANEOUS TRANSCATHETER CLOSURE OF CONGENITAL INTERATRIAL COMMUNICATION (IE,	\$987.80	\$987.80	10/1/2008
93581	PERCUTANEOUS TRANSCATHETER CLOSURE OF A CONGENITAL VENTRICULAR SEPTAL DEFECT	\$1,306.66	\$1,306.66	10/1/2008
93600	BUNDLE OF HIS RECORDING	\$196.98	\$196.98	4/1/2006
93602	INTRA-ATRIAL RECORDING	\$162.62	\$162.62	4/1/2006
93603	RIGHT VENTRICULAR RECORDING	\$185.70	\$185.70	4/1/2006
93609	INTRAVENTRICULAR AND/OR INTRA-ATRIAL MAPPING OF TACHYCARDIA SITE(S) WITH	\$386.49	\$386.49	4/1/2006
93610	INTRA-ATRIAL PACING	\$222.59	\$222.59	4/1/2006
93612	INTRAVENTRICULAR PACING	\$233.17	\$233.17	4/1/2006
93613	INTRACARDIAC ELECTROPHYSIOLOGIC 3-DIMENSIONAL MAPPING (LIST SEPARATELY IN	\$383.19	\$383.19	10/1/2008



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PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
93615	ESOPHAGEAL RECORDING OF ATRIAL ELECTROGRAM WITH OR WITHOUT VENTRICULAR	\$61.72	\$61.72	4/1/2006
93616	ESOPHAGEAL RECORDING OF ATRIAL ELECTROGRAM WITH OR WITHOUT VENTRICULAR	\$89.05	\$89.05	4/1/2006
93618	INDUCTION OF ARRHYTHMIA BY ELECTRICAL PACING	\$394.97	\$394.97	4/1/2006
93619	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRIAL PACING AND RECORDI	\$726.89	\$726.89	4/1/2006
93620	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING INSERTION AND REPOSITIONIN	\$1,123.29	\$1,123.29	4/1/2006
93621	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING INSERTION AND	\$868.92	\$868.92	4/1/2006
93622	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING INSERTION AND	\$870.68	\$870.68	4/1/2006
93623	PROGRAMMED STIMULATION AND PACING AFTER INTRAVENOUS DRUG INFUSION (LIST	\$188.88	\$188.88	4/1/2006
93624	ELECTROPHYSIOLOGIC FOLLOW-UP STUDY WITH PACING AND RECORDING TO TEST EFFECTIVENE	\$358.06	\$358.06	4/1/2006
93631	INTRA-OPERATIVE EPICARDIAL AND ENDOCARDIAL PACING AND MAPPING TO LOCALIZE THE	\$689.22	\$689.22	4/1/2006
93640	ELECTROPHYSIOLOGIC EVALUATION OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFI	\$481.19	\$481.19	4/1/2006
93641	ELECTROPHYSIOLOGIC EVALUATION OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFI	\$615.50	\$615.50	4/1/2006
93642	ELECTROPHYSIOLOGIC EVALUATION OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFI	\$510.14	\$510.14	10/1/2008
93650	INTRACARDIAC CATHETER ABLATION OF ATRIOVENTRICULAR NODE FUNCTION, ATRIOVENTRICUL	\$585.11	\$585.11	10/1/2008
93651	INTRACARDIAC CATHETER ABLATION OF ARRHYTHMOGENIC FOCUS; FOR TREATMENT OF SUPRAVE	\$886.28	\$886.28	10/1/2008



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PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
93652	INTRACARDIAC CATHETER ABLATION OF ARRHYTHMOGENIC FOCUS; FOR TREATMENT OF VENTRIC	\$965.36	\$965.36	10/1/2008
93660	EVALUATION OF CARDIOVASCULAR FUNCTION WITH TILT TABLE EVALUATION, WITH CONTINUOU	\$171.71	\$171.71	10/1/2008
93662	INTRACARDIAC ECHOCARDIOGRAPHY DURING THERAPEUTIC/DIAGNOSTIC INTERVENTION,	\$310.90	\$310.90	4/1/2006
93701	BIOIMPEDANCE, THORACIC, ELECTRICAL	\$38.76	\$38.76	10/1/2008
93720	PLETHYSMOGRAPHY, TOTAL BODY; WITH INTERPRETATION AND REPORT	\$45.55	\$45.55	10/1/2008
93721	PLETHYSMOGRAPHY, TOTAL BODY; TRACING ONLY, WITHOUT INTERPRETATION AND REPORT	\$37.39	\$37.39	10/1/2008
93722	PLETHYSMOGRAPHY, TOTAL BODY; INTERPRETATION AND REPORT ONLY	\$8.16	\$8.16	10/1/2008
93724	ELECTRONIC ANALYSIS OF ANTITACHYCARDIA PACEMAKER SYSTEM (INCLUDES	\$357.03	\$357.03	10/1/2008
93727	ELECTRONIC ANALYSIS OF IMPLANTABLE LOOP RECORDER (ILR) SYSTEM (INCLUDES	\$34.84	\$34.84	10/1/2008
93731	ELECTRONIC ANALYSIS OF DUAL-CHAMBER PACEMAKER SYSTEM (INCLUDES EVALUATION OF	\$45.07	\$45.07	10/1/2008
93732	ELECTRONIC ANALYSIS OF DUAL-CHAMBER PACEMAKER SYSTEM (INCLUDES EVALUATION OF	\$72.97	\$72.97	10/1/2008
93733	ELECTRONIC ANALYSIS OF DUAL CHAMBER INTERNAL PACEMAKER SYSTEM (MAY INCLUDE	\$41.35	\$41.35	10/1/2008
93734	ELECTRONIC ANALYSIS OF SINGLE CHAMBER PACEMAKER SYSTEM (INCLUDES EVALUATION OF	\$36.99	\$36.99	10/1/2008
93735	ELECTRONIC ANALYSIS OF SINGLE CHAMBER PACEMAKER SYSTEM (INCLUDES EVALUATION OF	\$59.83	\$59.83	10/1/2008
93736	ELECTRONIC ANALYSIS OF SINGLE CHAMBER INTERNAL PACEMAKER SYSTEM (MAY INCLUDE	\$37.90	\$37.90	10/1/2008
93740	TEMPERATURE GRADIENT STUDIES	\$10.44	\$10.44	10/1/2008
93741	ELECTRONIC ANALYSIS OF PACING CARDIOVERTER-DEFIBRILLATOR (INCLUDES	\$67.91	\$67.91	10/1/2008



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PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
93742	ELECTRONIC ANALYSIS OF PACING CARDIOVERTER-DEFIBRILLATOR (INCLUDES	\$75.63	\$75.63	10/1/2008
93743	ELECTRONIC ANALYSIS OF PACING CARDIOVERTER-DEFIBRILLATOR (INCLUDES	\$82.66	\$82.66	10/1/2008
93744	ELECTRONIC ANALYSIS OF PACING CARDIOVERTER-DEFIBRILLATOR (INCLUDES	\$90.78	\$90.78	10/1/2008
93745	INITIAL SET-UP AND PROGRAMMING BY A PHYSICIAN OF WEARABLE	BR	BR	1/1/2005
93760	THERMOGRAM; CEPHALIC	\$69.69	\$69.69	5/1/2004
93762	THERMOGRAM; PERIPHERAL	\$83.49	\$83.49	5/1/2004
93770	DETERMINATION OF VENOUS PRESSURE	\$8.12	\$8.12	10/1/2008
93797	PHYSICIAN SERVICES FOR OUTPATIENT CARDIAC REHABILITATION; WITHOUT CONTINUOUS ECG	\$18.52	\$9.69	10/1/2008
93798	PHYSICIAN SERVICES FOR OUTPATIENT CARDIAC REHABILITATION; WITH CONTINUOUS ECG	\$27.38	\$14.75	10/1/2008
93799	UNLISTED CARDIOVASCULAR SERVICE OR PROCEDURE	BR	BR	10/1/1982
93875	NON-INVASIVE PHYSIOLOGIC STUDIES OF EXTRACRANIAL ARTERIES, BILATERAL, (EG, PERIO	\$105.17	\$105.17	10/1/2008
93880	DUPLEX SCAN OF EXTRACRANIAL ARTERIES; COMPLETE BILATERAL STUDY	\$181.79	\$181.79	10/1/2008
93882	DUPLEX SCAN OF EXTRACRANIAL ARTERIES; UNILATERAL OR LIMITED STUDY	\$169.39	\$169.39	10/1/2008
93886	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; COMPLETE STUDY	\$198.89	\$198.89	10/1/2008
93888	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; LIMITED STUDY	\$92.50	\$92.50	10/1/2008
93890	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; VASOREACTIVITY STUDY	\$146.64	\$146.64	10/1/2008
93892	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; EMBOLI DETECTION	\$152.88	\$152.88	10/1/2008
93893	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; EMBOLI DETECTION WITH	\$152.88	\$152.88	10/1/2008



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PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
93922	NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY ARTERIES, SINGLE LEV	\$125.06	\$125.06	10/1/2008
93923	NON-INVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY ARTERIES, MULTIPLE	\$191.64	\$191.64	10/1/2008
93924	NON-INVASIVE PHYSIOLOGIC STUDIES OF LOWER EXTREMITY ARTERIES, AT REST AND	\$233.30	\$233.30	10/1/2008
93925	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; COMPLETE	\$180.30	\$180.30	10/1/2008
93926	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; UNILATERAL	\$115.61	\$115.61	10/1/2008
93930	DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; COMPLETE	\$174.77	\$174.77	10/1/2008
93931	DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; UNILATERAL	\$111.69	\$111.69	10/1/2008
93965	NON-INVASIVE PHYSIOLOGIC STUDIES OF EXTREMITY VEINS, COMPLETE BILATERAL STUDY (E	\$128.24	\$128.24	10/1/2008
93970	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OTHER	\$185.99	\$185.99	10/1/2008
93971	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OTHER	\$118.67	\$118.67	10/1/2008
93975	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMINAL, PELVIC, AND/OR R	\$242.36	\$242.36	10/1/2008
93976	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMINAL, PELVIC, SCROTAL	\$211.29	\$211.29	10/1/2008
93978	DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC VASCULATURE, OR BYPASS GRAFTS;	\$184.81	\$184.81	10/1/2008
93979	DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC VASCULATURE, OR BYPASS GRAFTS;	\$118.28	\$118.28	10/1/2008
93980	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF PENILE VESSELS; COMPLETE	\$179.44	\$179.44	10/1/2008



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PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
93981	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF PENILE VESSELS; FOLLOW-UP	\$136.79	\$136.79	10/1/2008
93990	DUPLEX SCAN OF HEMODIALYSIS ACCESS (INCLUDING ARTERIAL INFLOW, BODY OF ACCESS AN	\$108.98	\$108.98	10/1/2008
94002	VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR VOLUME PRESET VENTI	\$84.97	\$84.97	10/1/2008
94003	VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR VOLUME PRESET VENTI	\$61.90	\$61.90	10/1/2008
94004	VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR VOLUME PRESET VENTI	\$44.80	\$44.80	10/1/2008
94005	HOME VENTILATOR MANAGEMENT CARE PLAN OVERSIGHT OF A PATIENT (PATIENT NOT PRESENT	\$80.77	\$80.77	10/1/2008
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TIMED VITAL CAPACITY, EXPIRATORY	\$34.13	\$34.13	10/1/2008
94014	PATIENT-INITIATED SPIROMETRIC RECORDING PER 30-DAY PERIOD OF TIME; INCLUDES	\$49.00	\$49.00	10/1/2008
94015	PATIENT-INITIATED SPIROMETRIC RECORDING PER 30-DAY PERIOD OF TIME; RECORDING	\$24.48	\$24.48	10/1/2008
94016	PATIENT-INITIATED SPIROMETRIC RECORDING PER 30-DAY PERIOD OF TIME; PHYSICIAN	\$24.52	\$24.52	10/1/2008
94060	BRONCHODILATION RESPONSIVENESS, SPIROMETRY AS IN 94010, PRE- AND	\$58.69	\$58.69	10/1/2008
94070	BRONCHOSPASM PROVOCATION EVALUATION, MULTIPLE SPIROMETRIC DETERMINATIONS AS IN	\$59.98	\$59.98	10/1/2008
94150	VITAL CAPACITY, TOTAL (SEPARATE PROCEDURE)	\$21.07	\$21.07	10/1/2008
94200	MAXIMUM BREATHING CAPACITY, MAXIMAL VOLUNTARY VENTILATION	\$22.99	\$22.99	10/1/2008
94240	FUNCTIONAL RESIDUAL CAPACITY OR RESIDUAL VOLUME: HELIUM METHOD, NITROGEN OPEN	\$39.54	\$39.54	10/1/2008
94250	EXPIRED GAS COLLECTION, QUANTITATIVE, SINGLE PROCEDURE (SEPARATE PROCEDURE)	\$26.83	\$26.83	10/1/2008
94260	THORACIC GAS VOLUME	\$31.38	\$31.38	10/1/2008



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PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
94350	DETERMINATION OF MALDISTRIBUTION OF INSPIRED GAS: MULTIPLE BREATH NITROGEN	\$37.27	\$37.27	10/1/2008
94360	DETERMINATION OF RESISTANCE TO AIRFLOW, OSCILLATORY OR PLETHYSMOGRAPHIC METHODS	\$42.96	\$42.96	10/1/2008
94370	DETERMINATION OF AIRWAY CLOSING VOLUME, SINGLE BREATH TESTS	\$35.39	\$35.39	10/1/2008
94375	RESPIRATORY FLOW VOLUME LOOP	\$36.95	\$36.95	10/1/2008
94400	BREATHING RESPONSE TO CO2 (CO2 RESPONSE CURVE)	\$53.00	\$53.00	10/1/2008
94450	BREATHING RESPONSE TO HYPOXIA (HYPOXIA RESPONSE CURVE)	\$50.37	\$50.37	10/1/2008
94452	HIGH ALTITUDE SIMULATION TEST (HAST), WITH PHYSICIAN INTERPRETATION AND REPORT;	\$55.67	\$55.67	10/1/2008
94453	HIGH ALTITUDE SIMULATION TEST (HAST), WITH PHYSICIAN INTERPRETATION AND REPORT;	\$76.38	\$76.38	10/1/2008
94610	INTRAPULMONARY SURFACTANT ADMINISTRATION BY A PHYSICIAN THROUGH ENDOTRACHEAL TUB	\$62.57	\$62.57	10/1/2008
94620	PULMONARY STRESS TESTING; SIMPLE (EG, 6-MINUTE WALK TEST, PROLONGED EXERCISE TES	\$89.48	\$89.48	10/1/2008
94621	PULMONARY STRESS TESTING; COMPLEX (INCLUDING MEASUREMENTS OF CO2 PRODUCTION, O2	\$157.82	\$157.82	10/1/2008
94640	PRESSURIZED OR NONPRESSURIZED INHALATION TREATMENT FOR ACUTE AIRWAY OBSTRUCTION	\$13.73	\$13.73	10/1/2008
94642	AEROSOL INHALATION OF PENTAMIDINE FOR PNEUMOCYSTIS CARINII PNEUMONIA TREATMENT	BR	BR	1/1/1991
94644	CONTINUOUS INHALATION TREATMENT WITH AEROSOL MEDICATION FOR ACUTE AIRWAY OBSTRUC	\$37.46	\$37.46	10/1/2008
94645	CONTINUOUS INHALATION TREATMENT WITH AEROSOL MEDICATION FOR ACUTE AIRWAY OBSTRUC	\$14.12	\$14.12	10/1/2008
94660	CONTINUOUS POSITIVE AIRWAY PRESSURE VENTILATION (CPAP), INITIATION AND	\$55.67	\$35.78	10/1/2008
94662	CONTINUOUS NEGATIVE PRESSURE VENTILATION (CNP), INITIATION AND MANAGEMENT	\$35.42	\$35.42	10/1/2008



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94664	DEMONSTRATION AND/OR EVALUATION OF PATIENT UTILIZATION OF AN AEROSOL GENERATOR,	\$15.22	\$15.22	10/1/2008
94667	MANIPULATION CHEST WALL, SUCH AS CUPPING, PERCUSSING, AND VIBRATION TO	\$22.13	\$22.13	10/1/2008
94668	MANIPULATION CHEST WALL, SUCH AS CUPPING, PERCUSSING, AND VIBRATION TO	\$19.10	\$19.10	10/1/2008
94680	OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; REST AND EXERCISE, DIRECT, SIMPLE	\$67.44	\$67.44	10/1/2008
94681	OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; INCLUDING CO2 OUTPUT, PERCENTAGE OXYGEN	\$80.30	\$80.30	10/1/2008
94690	OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; REST, INDIRECT (SEPARATE PROCEDURE)	\$62.34	\$62.34	10/1/2008
94720	CARBON MONOXIDE DIFFUSING CAPACITY (EG, SINGLE BREATH, STEADY STATE)	\$52.92	\$52.92	10/1/2008
94725	MEMBRANE DIFFUSION CAPACITY	\$87.99	\$87.99	10/1/2008
94750	PULMONARY COMPLIANCE STUDY (EG, PLETHYSMOGRAPHY, VOLUME AND PRESSURE	\$68.97	\$68.97	10/1/2008
94760	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; SINGLE DETERMINATION	\$2.63	\$2.63	10/1/2008
94761	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; MULTIPLE	\$5.65	\$5.65	10/1/2008
94762	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; BY CONTINUOUS	\$28.91	\$28.91	10/1/2008
94770	CARBON DIOXIDE, EXPIRED GAS DETERMINATION BY INFRARED ANALYZER	\$37.86	\$37.86	10/1/2008
94772	CIRCADIAN RESPIRATORY PATTERN RECORDING (PEDIATRIC PNEUMOGRAM), 12 TO 24 HOUR	BR	BR	1/1/1992
94774	PEDIATRIC HOME APNEA MONITORING EVENT RECORDING INCLUDING RESPIRATORY RATE, PATT	BR	BR	1/1/2007
94775	PEDIATRIC HOME APNEA MONITORING EVENT RECORDING INCLUDING RESPIRATORY RATE, PATT	\$62.85	\$62.85	1/1/2007



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PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
94776	PEDIATRIC HOME APNEA MONITORING EVENT RECORDING INCLUDING RESPIRATORY RATE, PATT	\$62.85	\$62.85	1/1/2007
94777	PEDIATRIC HOME APNEA MONITORING EVENT RECORDING INCLUDING RESPIRATORY RATE, PATT	BR	BR	1/1/2007
94799	UNLISTED PULMONARY SERVICE OR PROCEDURE	BR	BR	10/1/1982
95250	AMBULATORY CONTINUOUS GLUCOSE MONITORING OF INTERSTITIAL TISSUE FLUID VIA A SUBC	\$145.70	\$145.70	10/1/2008
95251	AMBULATORY CONTINUOUS GLUCOSE MONITORING OF INTERSTITIAL TISSUE FLUID VIA A SUBC	\$38.56	\$38.56	10/1/2008
96101	PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF EMOTIONALITY, INT	\$85.29	\$84.54	10/1/2008
96102	PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF EMOTIONALITY, INT	\$51.27	\$22.60	10/1/2008
96103	PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF EMOTIONALITY, INT	\$39.82	\$23.73	10/1/2008
96105	ASSESSMENT OF APHASIA (INCLUDES ASSESSMENT OF EXPRESSIVE AND RECEPTIVE SPEECH	\$72.03	\$72.03	10/1/2008
96110	DEVELOPMENTAL TESTING; LIMITED (EG, DEVELOPMENTAL SCREENING TEST II, EARLY	\$13.49	\$13.49	10/1/2008
96111	DEVELOPMENTAL TESTING; EXTENDED (INCLUDES ASSESSMENT OF MOTOR, LANGUAGE,	\$129.73	\$127.42	10/1/2008
96116	NEUROBEHAVIORAL STATUS EXAM (CLINICAL ASSESSMENT OF THINKING, REASONING AND JUDG	\$96.94	\$90.82	10/1/2008
96118	NEUROPSYCHOLOGICAL TESTING (EG, HALSTEAD-REITAN NEUROPSYCHOLOGICAL BATTERY, WECH	\$113.41	\$89.29	10/1/2008
96119	NEUROPSYCHOLOGICAL TESTING (EG, HALSTEAD-REITAN NEUROPSYCHOLOGICAL BATTERY, WECH	\$74.03	\$30.80	10/1/2008
96120	NEUROPSYCHOLOGICAL TESTING (EG, WISCONSIN CARD SORTING TEST), ADMINISTERED BY A	\$64.65	\$23.34	10/1/2008



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96150	HEALTH AND BEHAVIOR ASSESSMENT (EG, HEALTH-FOCUSED CLINICAL INTERVIEW, BEHAVIORA	\$22.99	\$22.60	10/1/2008
96151	HEALTH AND BEHAVIOR ASSESSMENT (EG, HEALTH-FOCUSED CLINICAL INTERVIEW,	\$22.20	\$21.81	10/1/2008
96152	HEALTH AND BEHAVIOR INTERVENTION, EACH 15 MINUTES, FACE-TO-FACE; INDIVIDUAL	\$21.42	\$21.03	10/1/2008
96153	HEALTH AND BEHAVIOR INTERVENTION, EACH 15 MINUTES, FACE-TO-FACE; GROUP (2 OR	\$5.06	\$4.67	10/1/2008
96154	HEALTH AND BEHAVIOR INTERVENTION, EACH 15 MINUTES, FACE-TO-FACE; FAMILY (WITH	\$21.03	\$20.63	10/1/2008
96155	HEALTH AND BEHAVIOR INTERVENTION, EACH 15 MINUTES, FACE-TO-FACE; FAMILY	\$21.38	\$21.38	10/1/2008
96401	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; NON-HORMONAL ANTI-NE	\$65.20	\$65.20	10/1/2008
96402	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; HORMONAL ANTI-NEOPLA	\$41.07	\$41.07	10/1/2008
96405	CHEMOTHERAPY ADMINISTRATION; INTRALESIONAL, UP TO AND INCLUDING 7 LESIONS	\$136.21	\$28.32	10/1/2008
96406	CHEMOTHERAPY ADMINISTRATION; INTRALESIONAL, MORE THAN 7 LESIONS	\$155.15	\$40.41	10/1/2008
96409	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, SINGLE OR INITIAL SUBS	\$119.85	\$119.85	10/1/2008
96411	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, EACH ADDITIONAL SUBSTA	\$68.53	\$68.53	10/1/2008
96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR, SINGL	\$162.29	\$162.29	10/1/2008
96415	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL HOU	\$36.41	\$36.41	10/1/2008
96416	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF PROLO	\$175.98	\$175.98	10/1/2008



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PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
96417	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL SEQ	\$80.03	\$80.03	10/1/2008
96420	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; PUSH TECHNIQUE	\$112.86	\$112.86	10/1/2008
96422	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, UP TO ONE HOUR	\$187.05	\$187.05	10/1/2008
96423	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, EACH ADDITIONAL	\$80.81	\$80.81	10/1/2008
96425	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, INITIATION OF	\$183.63	\$183.63	10/1/2008
96440	CHEMOTHERAPY ADMINISTRATION INTO PLEURAL CAVITY, REQUIRING AND INCLUDING	\$349.85	\$130.32	10/1/2008
96445	CHEMOTHERAPY ADMINISTRATION INTO PERITONEAL CAVITY, REQUIRING AND INCLUDING	\$338.67	\$122.16	10/1/2008
96450	CHEMOTHERAPY ADMINISTRATION, INTO CNS (EG, INTRATHECAL), REQUIRING AND	\$284.61	\$96.82	10/1/2008
96521	REFILLING AND MAINTENANCE OF PORTABLE PUMP	\$141.62	\$141.62	10/1/2008
96522	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY, SY	\$112.90	\$112.90	10/1/2008
96523	IRRIGATION OF IMPLANTED VENOUS ACCESS DEVICE FOR DRUG DELIVERY SYSTEMS	\$27.58	\$27.58	10/1/2008
96542	CHEMOTHERAPY INJECTION, SUBARACHNOID OR INTRAVENTRICULAR VIA SUBCUTANEOUS	\$177.63	\$47.19	10/1/2008
96549	UNLISTED CHEMOTHERAPY PROCEDURE	BR	BR	10/1/1982
96567	PHOTODYNAMIC THERAPY BY EXTERNAL APPLICATION OF LIGHT TO DESTROY PREMALIGNANT AN	\$110.47	\$110.47	10/1/2008
96570	PHOTODYNAMIC THERAPY BY ENDOSCOPIC APPLICATION OF LIGHT TO ABLATE ABNORMAL	\$56.61	\$56.61	10/1/2008
96571	PHOTODYNAMIC THERAPY BY ENDOSCOPIC APPLICATION OF LIGHT TO ABLATE ABNORMAL	\$27.19	\$27.19	10/1/2008



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96900	ACTINOTHERAPY (ULTRAVIOLET LIGHT)	\$19.85	\$19.85	10/1/2008
96904	WHOLE BODY INTEGUMENTARY PHOTOGRAPHY, FOR MONITORING OF HIGH RISK PATIENTS WITH	\$73.05	\$73.05	10/1/2008
96910	PHOTOCHEMOTHERAPY; TAR AND ULTRAVIOLET B (GOECKERMAN TREATMENT) OR PETROLATUM	\$58.84	\$58.84	10/1/2008
96912	PHOTOCHEMOTHERAPY; PSORALENS AND ULTRAVIOLET A (PUVA)	\$75.28	\$75.28	10/1/2008
96913	PHOTOCHEMOTHERAPY (GOECKERMAN AND/OR PUVA) FOR SEVERE PHOTORESPONSIVE	\$101.96	\$101.96	10/1/2008
96920	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); TOTAL AREA LESS THAN	\$157.39	\$61.79	10/1/2008
96921	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); 250 SQ CM TO 500 SQ	\$155.11	\$62.18	10/1/2008
96922	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); OVER 500 SQ CM	\$229.34	\$105.80	10/1/2008
96999	UNLISTED SPECIAL DERMATOLOGICAL SERVICE OR PROCEDURE	BR	BR	10/1/1982
98925	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); ONE TO TWO BODY REGIONS INVOLVED	\$27.89	\$21.38	10/1/2008
98926	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); THREE TO FOUR BODY REGIONS INVOLVED	\$38.37	\$31.50	10/1/2008
98927	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); FIVE TO SIX BODY REGIONS INVOLVED	\$49.66	\$41.27	10/1/2008
98928	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); SEVEN TO EIGHT BODY REGIONS INVOLVED	\$58.22	\$48.64	10/1/2008
98929	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); NINE TO TEN BODY REGIONS INVOLVED	\$66.73	\$55.67	10/1/2008
98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT) SPINAL, ONE TO TWO REGIONS	\$24.48	\$20.63	10/1/2008
98941	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, THREE TO FOUR REGIONS	\$33.82	\$29.23	10/1/2008



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PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
98942	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, FIVE REGIONS	\$44.33	\$39.74	10/1/2008
98943	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); EXTRASPINAL, ONE OR MORE REGIONS	\$22.13	\$19.07	10/1/2008
99601	HOME INFUSION/SPECIALTY DRUG ADMINISTRATION, PER VISIT (UP TO 2 HOURS)	BR	BR	1/1/2004
99602	HOME INFUSION/SPECIALTY DRUG ADMINISTRATION, PER VISIT (UP TO 2 HOURS) EACH	BR	BR	1/1/2004
G0008	ADMINISTRATION OF INFLUENZA VIRUS VACCINE	\$8.08	\$8.08	5/1/2004
G0009	ADMINISTRATION OF PNEUMOCOCCAL VACCINE	\$8.08	\$8.08	5/1/2004
G0010	ADMINISTRATION OF HEPATITIS B VACCINE	\$8.08	\$8.08	5/1/2004
G0166	EXTERNAL COUNTERPULSATION, PER TREATMENT SESSION	\$157.23	\$157.23	10/1/2008
G0257	UNSCHEDULED OR EMERGENCY DIALYSIS TREATMENT FOR AN ESRD PATIENT IN A HOSPITAL	\$252.16	\$252.16	5/1/2004
G0269	PLACEMENT OF OCCLUSIVE DEVICE INTO EITHER A VENOUS OR ARTERIAL ACCESS SITE,	BR	BR	1/1/2003
G0275	RENAL ARTERY ANGIOGRAPHY (UNILATERAL OR BILATERAL) PERFORMED AT THE TIME OF	\$13.57	\$13.57	10/1/2008
G0278	ILIAC ARTERY ANGIOGRAPHY PERFORMED AT THE SAME TIME OF CARDIAC CATHETERIZATION,	\$13.57	\$13.57	10/1/2008
G0290	TRANSCATHETER PLACEMENT OF A DRUG ELUTING INTRACORONARY STENT(S), PERCUTANEOUS,	BR	BR	7/1/2003
G0291	TRANSCATHETER PLACEMENT OF A DRUG ELUTING INTRACORONARY STENT(S), PERCUTANEOUS,	BR	BR	7/1/2003
G0308	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES DURING THE COURSE OF TREATMENT,	\$725.63	\$725.63	10/1/2008
G0309	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES DURING THE COURSE OF TREATMENT	\$594.96	\$594.96	10/1/2008
G0310	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES DURING THE COURSE OF TREATMENT,	\$465.89	\$465.89	10/1/2008



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PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
G0311	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES DURING THE COURSE OF TREATMENT,	\$506.65	\$506.65	10/1/2008
G0312	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES DURING THE COURSE OF TREATMENT,	\$417.36	\$417.36	10/1/2008
G0313	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES DURING THE COURSE OF TREATMENT,	\$327.72	\$327.72	10/1/2008
G0314	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES, DURING THE COURSE OF	\$445.06	\$445.06	10/1/2008
G0315	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES DURING THE COURSE OF TREATMENT,	\$366.29	\$366.29	10/1/2008
G0316	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES DURING THE COURSE OF TREATMENT,	\$284.89	\$284.89	10/1/2008
G0317	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES DURING THE COURSE OF TREATMENT,	\$279.90	\$279.90	10/1/2008
G0318	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES DURING THE COURSE OF TREATMENT,	\$229.49	\$229.49	10/1/2008
G0319	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES DURING THE COURSE OF TREATMENT,	\$179.48	\$179.48	10/1/2008
G0320	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR HOME DIALYSIS PATIENTS PER	\$567.02	\$567.02	10/1/2008
G0321	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR HOME DIALYSIS PATIENTS PER	\$403.59	\$403.59	10/1/2008
G0322	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR HOME DIALYSIS PATIENTS PER	\$349.85	\$349.85	10/1/2008
G0323	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR HOME DIALYSIS PATIENTS PER	\$218.78	\$218.78	10/1/2008
G0324	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR HOME DIALYSIS (LESS THAN	\$20.16	\$20.16	10/1/2008
G0325	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR HOME DIALYSIS (LESS THAN	\$12.04	\$12.04	10/1/2008



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PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
G0326	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR HOME DIALYSIS (LESS THAN	\$14.00	\$14.00	10/1/2008
G0327	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR HOME DIALYSIS (LESS THAN	\$7.77	\$7.77	10/1/2008
G0365	VESSEL MAPPING OF VESSELS FOR HEMODIALYSIS ACCESS (SERVICES FOR PREOPERATIVE	\$164.37	\$164.37	10/1/2008
G0392	TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS; FOR MAINTENANCE OF HEMODIALYSIS	\$2,354.95	\$483.07	10/1/2008
G0393	TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS; FOR MAINTENANCE OF HEMODIALYSIS	\$1,787.46	\$308.38	10/1/2008
G3001	ADMINISTRATION AND SUPPLY OF TOSITUMOMAB, 450 MG	BR	BR	7/1/2003
H0001	ALCOHOL AND/OR DRUG ASSESSMENT	\$28.50	\$28.50	7/1/2007
M0064	BRIEF OFFICE VISIT FOR THE SOLE PURPOSE OF MONITORING OR CHANGING DRUG	\$37.03	\$16.75	10/1/2008
M0076	PROLOTHERAPY	BR	BR	3/1/1989
M0100	INTRAGASTRIC HYPOTHERMIA USING GASTRIC FREEZING	BR	BR	3/1/1989
Q0035	CARDIOKYMOGRAPHY	\$21.14	\$21.14	10/1/2008
Q0081	INFUSION THERAPY, USING OTHER THAN CHEMOTHERAPEUTIC DRUGS, PER VISIT	BR	BR	1/1/1992
Q0083	CHEMOTHERAPY ADMINISTRATION BY OTHER THAN INFUSION TECHNIQUE ONLY (EG	BR	BR	1/1/1992
Q0084	CHEMOTHERAPY ADMINISTRATION BY INFUSION TECHNIQUE ONLY, PER VISIT	BR	BR	1/1/1992
Q0085	CHEMOTHERAPY ADMINISTRATION BY BOTH INFUSION TECHNIQUE AND OTHER TECHIQUE(S)	BR	BR	1/1/1992
S0315	DISEASE MANAGEMENT PROGRAM; INITIAL ASSESSMENT AND INITIATION OF THE PROGRAM	\$65.00	\$65.00	1/1/2005
S0316	DISEASE MANAGEMENT PROGRAM, FOLLOW-UP/REASSESSMENT	\$35.00	\$35.00	1/1/2005
S5497	HOME INFUSION THERAPY, CATHETER CARE / MAINTENANCE, NOT OTHERWISE CLASSIFIED;	BR	BR	1/1/2002



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PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
S5498	HOME INFUSION THERAPY, CATHETER CARE / MAINTENANCE, SIMPLE (SINGLE LUMEN),	BR	BR	1/1/2002
S5501	HOME INFUSION THERAPY, CATHETER CARE / MAINTENANCE, COMPLEX (MORE THAN ONE	BR	BR	1/1/2002
S5502	HOME INFUSION THERAPY, CATHETER CARE / MAINTENANCE, IMPLANTED ACCESS DEVICE,	BR	BR	1/1/2002
S5517	HOME INFUSION THERAPY, ALL SUPPLIES NECESSARY FOR RESTORATION OF CATHETER	BR	BR	1/1/2002
S5518	HOME INFUSION THERAPY, ALL SUPPLIES NECESSARY FOR CATHETER REPAIR	BR	BR	1/1/2002
S9325	HOME INFUSION THERAPY, PAIN MANAGEMENT INFUSION; ADMINISTRATIVE SERVICES,	BR	BR	1/1/2002
S9326	HOME INFUSION THERAPY, CONTINUOUS (TWENTY-FOUR HOURS OR MORE) PAIN MANAGEMENT	BR	BR	1/1/2002
S9327	HOME INFUSION THERAPY, INTERMITTENT (LESS THAN TWENTY-FOUR HOURS) PAIN	BR	BR	1/1/2002
S9328	HOME INFUSION THERAPY, IMPLANTED PUMP PAIN MANAGEMENT INFUSION; ADMINISTRATIVE	BR	BR	1/1/2002
S9329	HOME INFUSION THERAPY, CHEMOTHERAPY INFUSION; ADMINISTRATIVE SERVICES,	BR	BR	1/1/2002
S9330	HOME INFUSION THERAPY, CONTINUOUS (TWENTY-FOUR HOURS OR MORE) CHEMOTHERAPY	BR	BR	1/1/2002
S9331	HOME INFUSION THERAPY, INTERMITTENT (LESS THAN TWENTY-FOUR HOURS) CHEMOTHERAPY	BR	BR	1/1/2002
S9335	HOME THERAPY, HEMODIALYSIS; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY	BR	BR	1/1/2004
S9336	HOME INFUSION THERAPY, CONTINUOUS ANTICOAGULANT INFUSION THERAPY (E.G.	BR	BR	1/1/2002
S9338	HOME INFUSION THERAPY, IMMUNOTHERAPY, ADMINISTRATIVE SERVICES, PROFESSIONAL	BR	BR	1/1/2002



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PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
S9340	HOME THERAPY; ENTERAL NUTRITION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY	BR	BR	1/1/2002
S9341	HOME THERAPY; ENTERAL NUTRITION VIA GRAVITY; ADMINISTRATIVE SERVICES,	BR	BR	1/1/2002
S9342	HOME THERAPY; ENTERAL NUTRITION VIA PUMP; ADMINISTRATIVE SERVICES, PROFESSIONAL	BR	BR	1/1/2002
S9343	HOME THERAPY; ENTERAL NUTRITION VIA BOLUS; ADMINISTRATIVE SERVICES,	BR	BR	1/1/2002
S9345	HOME INFUSION THERAPY, ANTI- HEMOPHILIC AGENT INFUSION THERAPY (E.G. FACTOR	BR	BR	1/1/2002
S9346	HOME INFUSION THERAPY, ALPHA-1- PROTEINASE INHIBITOR (E.G., PROLASTIN);	BR	BR	1/1/2002
S9347	HOME INFUSION THERAPY, UNINTERRUPTED, LONG-TERM, CONTROLLED RATE INTRAVENOUS OR	BR	BR	1/1/2002
S9348	HOME INFUSION THERAPY, SYMPATHOMIMETIC/INOTROPIC AGENT INFUSION THERAPY (E.G.,	BR	BR	1/1/2002
S9349	HOME INFUSION THERAPY, TOCOLYTIC INFUSION THERAPY; ADMINISTRATIVE SERVICES,	BR	BR	1/1/2002
S9351	HOME INFUSION THERAPY, CONTINUOUS OR INTERMITTENT ANTI- EMETIC INFUSION THERAPY;	BR	BR	1/1/2002
S9353	HOME INFUSION THERAPY, CONTINUOUS INSULIN INFUSION THERAPY; ADMINISTRATIVE	BR	BR	1/1/2002
S9357	HOME INFUSION THERAPY, ENZYME REPLACEMENT INTRAVENOUS THERAPY; (E.G.	BR	BR	1/1/2002
S9359	HOME INFUSION THERAPY, ANTI-TUMOR NECROSIS FACTOR INTRAVENOUS THERAPY; (E.G.	BR	BR	1/1/2002
S9361	HOME INFUSION THERAPY, DIURETIC INTRAVENOUS THERAPY; ADMINISTRATIVE SERVICES,	BR	BR	1/1/2002
S9363	HOME INFUSION THERAPY, ANTI- SPASMOTIC INTRAVENOUS THERAPY; ADMINISTRATIVE	BR	BR	1/1/2002



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PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
S9365	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); ONE LITER PER DAY,	BR	BR	1/1/2002
S9366	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); MORE THAN ONE LITER	BR	BR	1/1/2002
S9367	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); MORE THAN TWO LITERS	BR	BR	1/1/2002
S9368	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); MORE THAN THREE LITERS	BR	BR	1/1/2002
S9370	HOME THERAPY, INTERMITTENT ANTI-EMETIC INJECTION THERAPY; ADMINISTRATIVE	BR	BR	1/1/2002
S9372	HOME THERAPY; INTERMITTENT ANTICOAGULANT INJECTION THERAPY (E.G. HEPARIN);	BR	BR	1/1/2002
S9373	HOME INFUSION THERAPY, HYDRATION THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL	BR	BR	1/1/2002
S9374	HOME INFUSION THERAPY, HYDRATION THERAPY; ONE LITER PER DAY, ADMINISTRATIVE	BR	BR	1/1/2002
S9375	HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN ONE LITER BUT NO MORE THAN	BR	BR	1/1/2002
S9376	HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN TWO LITERS BUT NO MORE THAN	BR	BR	1/1/2002
S9377	HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN THREE LITERS PER DAY,	BR	BR	1/1/2002
S9379	HOME INFUSION THERAPY, INFUSION THERAPY, NOT OTHERWISE CLASSIFIED;	BR	BR	1/1/2002
S9490	HOME INFUSION THERAPY, CORTICOSTEROID INFUSION; ADMINISTRATIVE SERVICES,	BR	BR	7/1/2002
S9494	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY;	BR	BR	1/1/2002
S9497	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ONCE EVERY	BR	BR	1/1/2002



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PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
S9500	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ONCE EVERY	BR	BR	1/1/2002
S9501	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ONCE EVERY	BR	BR	1/1/2002
S9502	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ONCE EVERY	BR	BR	1/1/2002
S9503	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL; ONCE EVERY 6	BR	BR	1/1/2002
S9504	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL; ONCE EVERY 4	BR	BR	1/1/2002
S9542	HOME INJECTABLE THERAPY, NOT OTHERWISE CLASSIFIED, INCLUDING ADMINISTRATIVE	BR	BR	1/1/2002